

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
REC'D. IOWA SEC.

FEB 04 1994**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

☒ A. First Notification ☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

IA 0000111732

II. Name of Installation (Include company and specific site name)

NATURE'S CARE CENTER INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

907 SW Ordinance Rd.

Street (continued)

Ankeny

Ia 50021

City or Town

State

ZIP Code

A

A

A

-

County Code County Name

77

POLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box Same

907 SW Ordinance Rd.

City or Town

State

ZIP Code

Ankeny

Ia

50021

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Wilson

G Keith

Job Title

Phone Number (area code and number)

Pres.

515-964-0611

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

☒

City or Town

471495



RCRA RECORDS

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

G Keith Wilson

Street, P.O. Box, or Route Number

71581 NW 16th St

City or Town

State

ZIP Code

Ankeny

Ia

50021

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month

Day

Year

515-289-1455

M

M

Yes

No

☒

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature *Norine L. Wilson*

Name and Official Title (type or print)

Sec. Pres. - Sec. Pres.

Date Signed

1 Feb 94

XI. Comments

We are applying for a new ID number. We used to be located at 1111 1st Avenue, S.W., Atlanta, Ga. 30331

Old # was IAD981498587

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)